U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official-USE Only READ THE INSTRUCTIONS CAREFUL OLINAS OLINAS	LY BEFORE PREPARING THIS REPORT.		
1. File Number U -	2. Fiscal Year Covered From:		
12787	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Bernard Philips	Name [IAM District 160		
	Labor Organization File Number 014-024		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 2nd Floor		
Street 7757 - 142nd Way SE	Street 9135 15th Pl S		
City Newcastle	City Seattle		
State Washington ZIP Code + 4 98059	State Washington ZIP Code + 4 98108		
5. Position in labor organization. Business Representative			
Enter appropriate data below If, during the past fisical year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7 h Amount		
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature 15. Signature and verification. The undersigned declares under negative of Perium and other applicable penalties of the law that all of the information			

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8/15

204 762 - 7990 Telephone Number

Name of Person Filing Bernard Philips	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Northwest IAM Benefit Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 3:4203 Street 2815 2nd Ave Ste 300 City Seattle State Washington ZIP Code + 4 98121	9. Business deals with: a. Labor Organization b. Trust c. Employer	
40 KO L O - is should should should approximate a simple state of the state of t	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	3/26/2004 Trust Meeting	
Street	11 h. Approximate dellar value of such dealing	
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIF Code + 4	Lodging and Meals	
	12.b. Amount. \$203	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Bernard Philips		File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Northwest IAM Benefit Trust	a. Labor Organiza	- ti	
Trade Name, if any:	a. Labor Organiza	auon	
P.O. Box, Bldg., Room No., if any PO Box 34293	c. Employer		
Street 2815 2nd Ave Ste 300			
City Seattle			
State Washington ZIP Code + 4 98121			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea		
Name	3/15-16/2004 Trus	c Meeting	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar va	lue of such dealing.	
City	12.a. Nature of interest he	eld or income received.	
State ZIP Code + 4	Mileage and Expen	ses	
	12.b. Amount.		\$171
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			:
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9/04/2004 Trust Me		
City	11.b. Approximate dollar val		
State ZIP Code + 4	12.a. Nature of interest he Mileage & Expenses		
	12.b. Amount.	\$171	
C. Received from any employer (other than an employer covered under parts A and B abova) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
	14.b. Amount of payment.		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	2004 IFEBP Conference New Orleans, LA		
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIF Code + 4	Expensese		
	12.b. Amount. \$645		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
State ZIP Ccde + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?			

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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9/13-14/2004 Trust Meeting	
City	11.b. Approximate dollar value of such dealing.	
State ZIF Code + 4	12.a. Nature of interest held or income received. Lodging and Meals	
	12.b. Amount. \$567	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City ZIP Ccde + 4		

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali		eans, LA
City ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest hele Advance	M 15 10 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	12.b. Amount.		\$2,000
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer cr Consultant ?	14.b. Amount of payment.		

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10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. 2005 IFEBP conference Honolulu	
Street City State ZIF Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Registration & Hotel Deposit	
	12.b. Amount. \$1,300	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIF Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	